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PHYSICIAN PROGRESS NOTES

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PHYSICIAN PROGRESS NOTES

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		<u>수는 용상하는 경우 발표하다. 현실 그 그러는 인생물 시험을 했다는 기업을 하는 데 이 보는 이는 그는 그는 그는 이 사람.</u> 현실 사용하는 사용하는 것이 있다는 것이라는 전쟁을 받았다. 1985년 1일 기업을 기업을 기업을 하는 것이 되었다.	
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Health Services Request Form

t Name Marlon Martin Date of Request 12-12-02
No. 225/45 Date of Birth 12-17-70 Housing Location CHACLIN
ure of problem or request I AM FEELING LIGHT HEADED WHEN MY BULY HEALS
Up on WHEA I TAKE A HOT SHOWER @ I AFRED A KNEE BARCE
(3) Wax Boild of
here for consent to be treated by health staff for the condition described above.
Place this slip in Medical Box or designated area DO NOT WRITE BELOW THIS LINE
Health Care Documentation
jective Same as above. States did drogs 2-3yrs.
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ective BP 100 P 50 20 999
R D. T
essmentstrates had a know brace and the decide
somenstates had a knee brace and they took it right before he left county. States work build up in eare States feeling of togging headead when get hot.
States feeling of Logging headead when get hot.
P- See NP
o C PA/Physician C Mental Health C Dental
re R. Hanach Title RD Date 12/13/02
1 Services Request Form Title 10 Date 12/13/02

Ralasca of Reconneibility

Release of Responsibility

Martin Marlon Name of Inmate	12/14/02 81.45
Name of Inmate	Date & Time
225145 12/17/170 Inmate ID Number / Date of Birth	12/14/02 8', 45 Date & Time 12/14/02 8', 45 Date & Time
	Date & Title
hereby refuse to accept the following treatment/recommendations:	·
Sick Call	
	:
	Č.
I acknowledge that I have been fully informed of and understand the in refusing. I hereby release and agree to hold harmless NaphCare, which may result from this action. Inmate Signature	e above treatment(s) or recommendation(s) and the risk(s) involved Inc., its employees and agents from all responsibility and ill effect $\frac{12 \int_1 \frac{1}{2} d^2 2}{\text{Date & Time}} \approx \frac{3}{2} \frac{3}{2} \frac{3}{2} = \frac{3}{$
Rebelier Maner (2)	
Witness	
The aforementioned inmate has refused the listed medical treatmen	t(s) and/or recommendation(s) and has refused to sign this form.
Witness	
Witness	
Date & Time	
vale a finite	

<u> </u>	Last First	Middle Initial	
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Name	Last First	Middle Initial	AIS# 225145
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PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Nathra of 1	te of Right: 12 16-03
problem or request:	te of Birth: 12.12.20 Location: S-166
€. C4	te of Birth: 12.17.70 Location: S-166
	Day 1
	Marin Montin
DO NOT WRI	TE BELOW THIS LINE
Date: 12/17/1/3	- Line Line
Time: 6 09/A AM PM	
Allergies: NA	RECEIVED
	Date: 1,21,17703
	Time: 6 7
	Receiving Nurse Intials La
(S)ubjective: A have Change to	my (A) side, light headedness,
ry.	My (A) side, light headedness,
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tremeties. Has had problem to	clar, throat lymphs clear Clo I'm
A)ssessment: Alteration in Company	eface sence ling 30, 2003. Ch sp
P)lan: M. D. Co review.	e, pulses to extremities good + st my pour av he's not squeezing Elies, throat lymphs clear & Clo ! s eface sence true 30, 2003. Clo sp
P)lan: M. D. D review.	13
P)lan: M. D. D review.	13
P)lan: M. D. D review. - 100.1), P-100, R-20, BP-11 efer to: MD/PA Mental Health Dental	0 8 Wat 16 3
P)lan: M. D. D review. - 100.1), P-100, R-20, BP-11 efer to: MD/PA Mental Health Dental	0 8 Wat 16 3
P)lan: M. A. O review. - 100.1), P-100, R-30, BP-116 efer to: MD/PA Mental Health Dental heck One: ROUTINE (N. EMERGEN)	Daily Treatment Return to Clinic PRN
P)lan: M. A. & Neview. 100.1), P-100, R-20, BP-106 efer to: MD/PA Mental Health Dental CIRC heck One: ROUTINE (V) EMERGENO If Emergency was PHS supervisor notice.	Daily Treatment Return to Clinic PRN CY()
P)lan: M. A. & Neview. 100.1), P-100, R-20, BP-106 efer to: MD/PA Mental Health Dental CIRC heck One: ROUTINE (V) EMERGENO If Emergency was PHS supervisor notice.	Daily Treatment Return to Clinic PRN CY() fied: Yes() No()
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Case 2:06	6-cv-00573 IVV E2	Document 8-4 Service	es Requ	8/2006 Page	7 of 17
Print Name Moe	an Morris		ou moqui	est t M	DO
•	•	·		Date of Reque	est_8-11-03
ID No. 225145	Date of Bi	rth_12-17-70	Hous		Scell Bedib
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on 1	all s	V V			
Sign here for consent to	Meurt	21			
Sign here for consent to	De treated by h	ealth staff for the	condition des	cribed above.	
	Place this	slip in Medica	l Box or des	igna <u>t</u> ed area	
		NOT WRITE B	ELOW THIS	LINE	
	1	Health Care D	OCUmentatio	n	
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Refer to O PA/Physician		Ith O Dental			
	,	. O Delital	· <u>.</u>		
Signature		Title	۱,	Date	
Permi Services Regu	lest Form			Date	

Case 2:06-cv-00573-WC
Print Name Date of Request 8-18-10
ID No. 225145 Date of Birth NO. 100 Housing Location 5 51 Sept Sept Sept Sept Sept Sept Sept Sept
ID No. 225145 Date of Birth 10 The declaration in the Time of the River and the River
Nature of problem or request T Howay problem with tooking on he tooking the took to the to
Nature of problem of the transfer of the trans
The state of the s
Sign here for consent to be treated by health staff for the condition described above.
Place this slip in Medical Box or designated area DO NOT WRITE BELOW THIS LINE
Health Care Documentation
Subjective" My Knew are looking up and all he muscle are tight around my knew".
Objective - BP 110/74 P 76 R 20 T 982 able to. ambulatt in Sick Call no distress
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Assessment alteration in comfort
Plan M.D. Leherren
t.
Refer to O PA/Physician O Mental Health O Dental
Signature Brunell Title pri Date 8/19/03
ealth Services Request Form

l ast		
Name Manda First	Middle Initial	AIS# 249 145
Date 7/28/33 Allergies 4		Facility Brush
SIG. Danny 125mg PO. BIOX	14 day	
Dramy help verlage or		Continue (Continue)
Physician Signature:		Increase
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Name Maclan First Marton	Middle Initial	
	-	AIS#
Date Signary Allergies Nich		Facility Aragan
Bergege Hall Son & 30 K		Discontinue
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Physician Signature: (3 Actions Common Commo		Decrease
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Name Mantin First	Middle Initial	AIS#_ 205145
Date 3/2-103 Allergies NCOA		Facility Daniel
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@ and to He U 14 down -	/ /	Continue
272 1		Increase
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Name Mantan Minten	Middle Initiat	AIS#
Date Allergies VICO		Facility / / / / / / / / / / / / / / / / / / /
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a con a constant of the	MAX	Continué de la contin
Physician Signature:	The state and a state of the st	Decrease

Case 2:06-cv-00573 1/10 Pac Services Field 09/08/2006 Page 11 of 17

Print Name Marlen Marin	-	
	Date of Request_	
ID No. 225 K/S Date of Birth 12-17-78.	Housing Location	Scott Bad.
Nature of problem or request Light Heack of The	RE 15 SAME 500	PAIN
when EVER TEMP GOES UP 7 GE	I Int Habel	This E
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Cian hour f		-0
Sign here for consent to be treated by health staff for the con	idition described above.	· JUL 27 2003
Place this slip in Medical Bo	ox or designated area	Draper
DO NOT WRITE BELO	OW THIS LINE	·
Health Care Docu	ımentation	
Subjective live been lightheaded day to	mouths. I read	0, + .: SEP
Subjective live been lijktheaded for 101 on 07/08/03. When I stand up, waek	around I in 11	
Walh.	Je wang	the When &
Objective RP 90 P 68 P 20	0n 3	
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Assessment alteration in compact	Regueta to m.	D
Plan Sm M. L.		
Plan M. A. to review. E- piel call, newsletter		//LE/C)
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Refer to O DA/Dhusisian O M	wgt. 16	6
Refer to O PA/Physician O Mental Health O Dental	V	
Signature Title	Date_6	07/20/03
Health Services Request Form	Date_C	NC NC



PROGRESS NOTES

Date/Time	I- NOGRESS NOTES
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PROGRESS NOTES

Date/Time	Inmate's Name: D.O.B.: 2/17/10
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	S. Franke seen today for physical (10 B) hnee buehling. Injury Bhnee 9/2000
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	2. Mee bree (R) hope
	3 x Ray & hnee
	I Mohunt
5/19/04	20 there to see NO PA re: Knee enjection W+155, 132/68, 972
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	A dones pan à huee Dust ex buelling +
	Andones pan a hnee Dust op buchlingt instability. No need for sterond injection.
	Imblunt.
7-1204	Betweed from FWA T973, PG4 RIS 15/1988 C2988
1149m	- Betweed Back to camp - mount



NAPHCARE PHYSICIAN'S PROGRESS NOTES

DATE	TIME	NOTES MUST BE SIGNED BY PHYSICIAN
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NAME-L	AS:T	FIRST MIDDLE (AIS #
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NC002

Name Vanda First Middle Initial	AIS# 185145
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	SCC	PROGRESS NOTES	225145
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	and sitting bo	why straight	Remias Dace
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PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

77 / m		101								
Print Name Jarlon Martin	_ Date of Request:		96							
	th: <u>/2-/7-70</u> Lo		-3213							
Nature of problem or request: The Nap,	rosyn you	put me	on							
15 Not working Can you	please pui	me on	,							
Hexaril (Musile relater):	I took the	15 19 16	ee							
County Tail and it Works.	I was on	It for 30	days.							
please give me some muscle tuli	Marlon i	Harten	, <u> </u>							
Signature DO NOT WRITE BELOW THIS LINE										
Data										
Date://	D. C. C.									
Time: AM PM Allergies:	RECEI	VED								
Allergies.	Date: 3/29/06 Time: 950pm									
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	Trooping Traco	711tiaio								
			•							
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(A)ssessment:										
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7 4										
Refer to: MD/PA Mental Health Dental D		Return to Clir	ic PRN							
CIRCLE										
Check One: ROUTINE () EMERGENCY										
If Emergency was PHS supervisor notified		•								
Was MD/PA on call notified	: Yes() No()								
	Calarine dare	rimi r								
SIGNATURE AND TITLE										

SIGNALORE AND TILL

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT